

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19382

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u>		c. CITY OR TOWN <u>Lebanon</u> <u>0527</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>unk</u>
c. LENGTH OF STAY (in this place) <u>6 y. 7 mo 20 day</u>		e. STREET ADDRESS (If rural, give location) <u>none stated in records.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 - Nevada Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Serl</u> b. (Middle) <u>Cossey</u> c. (Last) <u>Cossey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 15, 1885</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Cassey</u>		13b. MOTHER'S MAIDEN NAME <u>Cenia Martin</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of State Hospital #3</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio Sclerosis</u>		DUPLICATE (b) <u>Cardio-vascular Disease</u>		<u>several years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u></u>		<u>several years</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with Cerebral Arterio Sclerosis</u>		<u>years</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>4 2 21</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Township Vernon, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Sept 19 1955, to May 9 1956, that I last saw the deceased alive on May 9, 1956, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie H. Wrights M.D.</u>		23b. ADDRESS <u>State Hospital #3 Nevada, Mo</u>		23c. DATE SIGNED <u>May 9, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-15-1956</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Helman Funeral Home, Lebanon, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis C. Marsh*

Licensed Embalmer No. *497*

P. O. Address *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.